

# **Exhibit A**

215017377 44445		State of Nebraska Investigator's Motor Vehicle Accident Report		Sheet 1 of 2					
1	Total Number of Vehicles	Local No./District	Agency Code No. C15-07916	INT & RUN?	INVESTIGATION MADE AT SCENE?				
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	S S M M T T W W T T H H F F S S	TIME OF ACCIDENT (In Military Time)	STATE USE ONLY				
A2	05/01/2015			0657	Amended				
B	PLACE OF ACCIDENT	COUNTY	Hall	POSS. NOTIFIED	0700				
B		CITY		PRIVATE PROPERTY?	YES (X) NO				
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.	INTERSTATE 80	ONE-WAY STREET?	YES (X) NO				
2	DISTANCE FROM MILEPOST	FEET	2440	N S E W	OF MILEPOST				
2					294.000				
2					HIGHWAY NO. 80				
D	IF AT INTERSECTION		IF NOT AT INTERSECTION						
D	NAME OF INTERSECTING ROADWAY		SHELTON OVERPASS I-80						
D	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		SHELTON						
D	MILES		4.00						
D	N S E W		X						
D	MILES		2.00						
D	N S E W		X						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?				
1	1				YES (X) NO				
F	VEHICLE NO. 1								
1	DRIVER LICENSE NO.	H13702183	STATE (of License)	NE	SEX (X) FEMALE ( ) MALE				
1	DRIVER	LARRY R BLAIR	PHONE		LOCAL NO.				
1	DRIVER ADDRESS	224 E 4TH ST, AXTELL, NE 68924	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)	05/23/1973				
1	OWNER	DANDEE CONSTRUCTION / DAN BUSER	PHONE	308-627-6660	LOCAL NO.				
2	OWNER ADDRESS	305 EAST 8TH STREET, POB 2587, KEARNEY, NE 68848	CITY, STATE, ZIP	CITATION	YES (X) NO ( ) PENDING ( )				
3	LICENSE PLATE	TE NO. 092396	YEAR (Exp. Date)	2015	STATE (of Plate) NE				
4	VEHICLE	2003 Chevrolet SC1	MODEL	Pickup truck	COLOR blue				
4	VEHICLE ID NO. (VIN)	1GCEC14X33Z115363	ESTIMATED DAMAGE	(X) TOTAL \$					
4	TOWED TO	GRAND ISLAND	TOWED BY	KRAMER'S	POLICY NO. 0005CPP000197109				
4	VEHICLE NO. 2								
1	DRIVER LICENSE NO.		STATE (of License)		SEX (X) FEMALE ( ) MALE				
7	DRIVER		PHONE		LOCAL NO.				
7	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY)					
7	OWNER		PHONE		LOCAL NO.				
7	OWNER ADDRESS		CITY, STATE, ZIP	CITATION	YES (X) NO ( ) PENDING ( )				
1	LICENSE PLATE		YEAR (Exp. Date)		STATE (of Plate)				
1	VEHICLE		MODEL		COLOR				
1	VEHICLE ID NO. (VIN)		ESTIMATED DAMAGE	(X) TOTAL \$					
1	TOWED TO		TOWED BY		POLICY NO.				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	1 East Position	2 Erect	3 Body Region	4 Injury Severity	5 Paralysis	SEX M/F
1	LARRY R BLAIR	224 E. 4TH ST., AXTELL, NE 68924	05/23/1973	01	3	01	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		Good Samaritan Hospital	Wood River Rescue Unit						
1	SHANE A LOVELAND	304 SHEPPARD AVE, HILDRETH, NE 68947	04/01/1982	02	3	08	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		Good Samaritan Hospital	Good Samaritan EMS						
1	JACOB S SUMMERS	823 S. MAIN, WILBER, NE 68465	12/03/1991	03	3	01	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		Good Samaritan Hospital	Shelton Volunteer Fire & Rescue						

DR Form 40, Jan 09

THIS FORM REPLACES DR FORM 40, JAN 87  
PREVIOUS EDITIONS WILL BE DESTROYED

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS									
<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto;"></div> <p style="font-size: 8px; margin: 0;">Indicate North by Arrow</p>		INDICATE BY DIAGRAM WHAT HAPPENED				AGENCY CASE NO. <b>C15-07916</b>			
<p style="font-size: 10px; margin: 0;">Not To Scale</p>									
<p style="text-align: center; font-size: 8px;">DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION</p> <p style="font-size: 8px;">Vehicle #1 was east bound on I-80 near NM 294 when it blew a rear tire. Vehicle #1 crossed into the median and rolled. Vehicle #1 came to rest on the west bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. Drug use is suspected from all three occupants since methamphetamine was found at the scene. Kramer's towing removed Vehicle #1. All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.</p>									
<div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; text-align: center;"> NEBRASKA DEPT. OF ROADS  <div style="font-size: 40px; margin: 0;">C</div> CERTIFIED COPY  <i>Robert A. Smith</i>  ACCIDENT RECORDS BUREAU </div> </div>									
OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE	
OBJECT DAMAGED		OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE	
NAME <b>Roh Gibson</b>		NAME <b>Mary K Gibson</b>		ADDRESS		ADDRESS		PHONE <b>402-499-5550</b>	
NAME <b>Mary K Gibson</b>		NAME		ADDRESS		ADDRESS		PHONE <b>402-432-0171</b>	
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH. NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	VEH. 1	VEH. 2
1		X			INTERSTATE 80	4		1	
2						5		1	
1	01	06 Turning left				MOST DAMAGED AREA	11	1	
2		07 Making U-turn				VEHICLE 1	VEHICLE 2	1	
01 Essentially straight ahead		02 Backing		03 Changing lanes		04 Overtaking/Passing		05 Turning right	
06 Turning left		07 Making U-turn		08 Entering traffic lane		09 Leaving traffic lane		10 Backing	
11 Stopping or stopped in traffic		12 Other		13 Unknown		01		02	
02 Backing		03 Changing lanes		04 Overtaking/Passing		05 Turning right		06	
06 Turning left		07 Making U-turn		08 Entering traffic lane		09 Leaving traffic lane		10 Backing	
11 Stopping or stopped in traffic		12 Other		13 Unknown		01		02	
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